

Foster Family Home - Deficiency Report

Provider ID: 4-000003

Home Name: Marites Quedding, CNA

Review ID: 4-000003-8

286 South Puunene Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/17/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 9/17/2021.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

43.(c)(5)(B) Encouragement of client independence as much as possible; and

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(3) - CG#6 has not received RN delegations for Client #1 and Client #2 at the time of the inspection.

43.(c)(5)(B) - CCFFH has a set of "house rules" that prohibit the client use of the stove.

43.(c)(6)(B) - CCFFH has a set of "house rules" that prohibit the use of television after 10:00 PM.

Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - CG#6 did not have evidence of completion of medication training present for Client #1 and Client #2

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

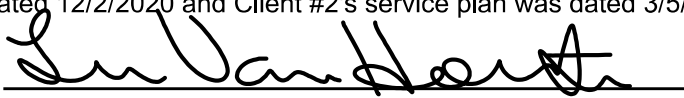

53.(b)(15) - CCFFH uses a set of "house rules" which include phone calls being limited to 10 minutes, no visitors after 10 pm

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - CCFFH did not have a copy of the most recent service plan verifying a review every 6 months. Client # 1's service plan was dated 12/2/2020 and Client #2's service plan was dated 3/5/2020.


Compliance Manager

Primary Care Giver

8/17/21
Date
8/17/21
Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marites Quedding

(PLEASE PRINT)

CCFFH Address: 286 South Puunene Ave, Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43. (c) (3)	CG #6 has received RN delegations for Client #1 and Client #2 that was missing in time of inspection.	08/20/21	CG #1 has emailed, notified, and sent paperwork to the [REDACTED] regarding the delegations of CG #6 on 07/22/21. RN did not complete and send delegations on time. Three days after the [REDACTED] CG approval [REDACTED], CG #1 will follow up with the case management agencies two times a week to make a scheduled RN delegation training time. CG #1 will notify the agencies twice a week until proper training and documents have been received. CG #1 will set a twice a week reminder on the iphone calendar to be reminded of completing tasks in a timely manner.

☒ All items that were fixed are attached to this CAPPCG's Signature: Date: 8/24/2021☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marites Quedding

(PLEASE PRINT)

CCFFH Address: 286 South Puunene Ave, Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43. (c) (5) (B)	CG #1 and CG #6 has updated and revised the set of "House Rules" that gives Clients access to use the stove	08/18/21	To prevent the prohibition of the clients' right to use appliances, CG #1 and CG # 6 will continue to revise the "House Rules" and inspect the appliances that Clients would like to use with Safety Regulations. The restriction of stove use has been removed from the "House Rules," and is now available to use as the client desires. CG #1 will set calendar reminders in her iPhone for a yearly meeting for all CGs in July to review any changes in House Rules. Methods to uphold these House Rules will also be discussed in these meetings and recorded in the care home binder for CGs to review when needed.
43. (c) (6) (B)	CG #1 and CG #6 has edited and revised the set of House Rules that gives Clients access to watch television at any time with no restrictions. The rule for time limits on television has been removed.	08/18/21	To prevent further violations regarding television access, CG #1 will set a calendar reminder for yearly CG meetings in July to discuss methods to uphold the House Rules and to note changes. These methods will also be recorded in the care home binder.

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CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marites Quedding

(PLEASE PRINT)

CCFFH Address: 286 South Puunene Ave, Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47. (b)	CG #6 presented evidence of completion of medication training present for Client #1 and Client #2	08/20/21	To prevent missing documents for CG #6's medication training, CG #1 will follow up documentation from the RN at least two times a week with calendar reminders from her iPhone until the paperwork and proper training have been received. Until then, CG #1 will create a separate task list regarding any tasks that are needed to be completed in an timely and organized manner.
53. (b) (15)	CG #1 and CG #6 has updated and revised the set of House Rules to allow the Client to have unlimited access to use the phone at any time, and have visitors at any time.	08/18/21	To prevent clients from having limited time of phone calls and time durations, CG #1 will ensure to hold yearly CG meetings in July with reminders from her Calendar in her iPhone. During these meetings, changes to House Rules will be discussed and methods to uphold these House Rules will be written down for CGs to refer to within the care home binder.

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CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marites Quedding

(PLEASE PRINT)

CCFFH Address: 286 South Puunene Ave, Kahului, HI 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54. (c) (2)	CG #1 and CG #6 obtained a copy of the most recent service plan. Client #1's service plan was dated 07/28/21. Client #2's service plan was dated 06/04/21.	08/18/21	To prevent out of date service plans, CG #1 will follow-up with the VA and AI-CMC a least three times before the due date on the individual(s)' service plan. Of course, CG #1 will ensure to set calendar reminders in her iPhone to be notified and follow-up on these times. CG #1 will also ensure to set calendar reminders twice a week in her iPhone and set a reminder 1 month from the due date of a service plan's expiration date in order to properly renew the service plan on time.

☒ All items that were fixed are attached to this CAP.

PCG's Signature: _____

Date: 8/24/21☒ CTA has reviewed all corrected items

Marites Quedding